Northern Tier Dietary Restriction Notification Card

We must receive this card **45 days** prior to your trek in order to make the necessary substitutions. If this card is not received within the specified time, we cannot guarantee the substitutions. We will do our best to accommodate your needs, but for certain severe allergies or for a person with an allergy to more than 2 types of food, we may ask you to bring your own trail food. Please bring your own medication (ex. Epipen).

Please fill out **ONE CARD PER INDIVIDUAL** with a dietary restriction. **ALL FIELDS ARE REQUIRED**.

Northern Tier Expedition Number #:_____

Name of person with restriction:_____

Phone # and Email (of parent if youth or individual if adult):_____

Restriction type (i.e. peanut allergy, vegetarian etc.):_____

Please circle all that apply: If an allergy is it by? Ingestion Contact Airborne

Other _____

Severity of Allergy (i.e. anaphylactic):_____

Is Allergy controlled or treated by medication? _____

If so, will individual have this medication on the trip? _____ ***What is the medication?***_____

Symptoms Experienced (i.e. vomiting):_____

Substitution Ideas:_____

Any other information you think would be useful to the food service staff at Northern Tier:

_____

_____

_____

Office Use Only: Contacted Date: _____ Initials: _____

Accommodations Made: _____ Bringing Own Food: _____

Fax this form to 218-365-3112 or Email form to info@ntier.org